

# Resident Self Evaluation: Home-Based Early Intervention Program Visit

Resident's Name: \_\_\_\_\_

EI Provider's Name: \_\_\_\_\_

EI Provider's Title/Discipline:  
\_\_\_\_\_

Date of Visit: \_\_\_\_\_

1. Did the service provider and parent discuss what would happen during this visit? If so, what general information was shared?
2. Did the service provider elicit and respond to the concerns of the family? If yes, please explain and give an example.
3. How did the service provider involve the caregiver?
4. Did the service provider integrate intervention into natural routines? If yes, give an example.
5. Did the service provider modify the physical environment for the child success? What did he/she do and did the provider involve the parent?

6. Did you observe the use of assistive technology or alternative communication to enhance the child's functioning in the home?  Yes  No
7. Do you have a better understanding of Early Intervention as delivered in the home environment?  Yes  No
8. Did you discover ways in which a physician may be helpful to families and the Birth to Three service providers?  Yes  No
9. Were you satisfied with the preparation given for this visit in the Early Intervention didactic session?  Yes  No
10. Was the visit beneficial to you as a physician?  Yes  No
11. Were you satisfied with the experience and knowledge gained from this visit?  Yes  No
12. Did you have any difficulties during this experience?  Yes  No
13. What might you do differently in your practice as a result of this experience?

Please return this form to  
Physicians Training Project Coordinator  
University of Connecticut  
A.J. Pappanikou Center for Excellence  
in Developmental Disabilities  
263 Farmington Ave., MC 6222  
Farmington, CT 06030  
Fax: (860) 679-1571

